

The 1915(b)(c) Waiver Expansion for People with Intellectual and other Developmental Disabilities

The Department of Health and Human Services (DHHS) is pursuing a policy for expanding statewide an existing Medicaid 1915(b)(c) waiver. Under the 1915 (b)(c) waiver, the State has the authority to enroll individuals into a state and federally approved managed care program for the management and delivery of mental health, substance abuse, and developmental disabilities services. This type of managed care is designed to meet the needs of these populations and, as such, is different from managed care models for the delivery of primary health care.

There are significant advantages to North Carolina that will be realized through a 1915(b)(c) waiver expansion. These include:

- High levels of quality demanded by the federal Medicaid regulations
- Assurances for consistent access to services
- Management of provider networks to ensure quality providers, as well as sufficient capacity to meet both choice and access to services
- Fair and consistent use of resources to achieve positive outcomes for consumers
- Predictable Medicaid costs
- Oversight of all funding streams by a single manager; single point of accountability

The development and implementation of the 1915(b)(c) waiver has been a policy initiative since 2005 when a pilot waiver was initiated in the PBH Local Management Entity (LME) covering Cabarrus, Davidson, Rowan, Stanly and Union counties. Due to the success of the current waiver in managing services while, at the same time, assuring access to services, quality outcomes, and cost effectiveness, the leadership of the General Assembly is working with the Department to provide direction and the legislative support needed to expand the waiver statewide over the next two years.

Some advocates and service providers have raised concerns about the impact of a 1915 (b)(c) waiver on services for people with intellectual and other developmental disabilities (I/DD). While managed care has been used with other populations for some time, it has more recently been applied to the I/DD population. Individuals with developmental disabilities require life long supports and the design of the 1915 (b)(c) waiver takes these differences into account. Management of these services involves periodic review of an individual's needs to assure that the services being provided are at a level that is a good match for the person's needs, offering the right level of service, no more-no less. People with I/DD have been included in the current waiver since its inception five years ago at PBH with results that are as good or better than the remainder of the state. These results include proven access to services, high levels of consumer and provider satisfaction, competitive scores on the National Core Indicator outcomes for I/DD, reduction of the I/DD waiting list, and cost savings for the state.

Many in the I/DD advocacy and service provider communities would like to see an entitlement to Medicaid services for the I/DD population and have presented some ideas for alternative Medicaid funding options, particularly the Medicaid State Plan (i) authority. This option, as part of the federal health care reform legislation, has new provisions and federal guidance on how to implement the option is still evolving. DHHS is open to continuing to work with the community to explore whether this option will work for North Carolina; but, at the present time, this is not an option we are able to pursue.

Even if services for people with I/DD are added to the state plan using the (i) Option, these services will fall under the Managed Care Waivers. The expansion of the 1915 (b)(c) waiver does not prevent North Carolina from adding services for the I/DD population through the (i) Option in the future.

Under the 1915(b)(c) waiver savings can be reinvested into services that support individuals with developmental disabilities such as respite services and supported employment. Savings also can be used to create additional waiver slots with legislative approval. In light of the number of people receiving no services or an inadequate level of services, this is an important feature of the (b)(c) waiver.

Operation of the 1915(b)(c) waiver has a number of requirements, one of which is the fair and equitable allocation of resources based on a set of meaningful criteria. We are fortunate to have experience with a set of tools that will be applied to this effort. The Supports Intensity Scale (SIS) is a well-researched, normed, and validated assessment tool that offers a systematic way to determine the services and supports a person needs. The SIS has been used by PBH since 2005. As the waiver is expanded to each new LME waiver site, the SIS will be administered to all I/DD individuals participating in the waiver and will replace the NC SNAP assessment tool. Then, with the help of national experts, the results of the SIS will be used to create a valid and reliable methodology for the purpose of resource allocation for each waiver LME.

Targeted Case Management is not a service available in the 1915(b)(c) waivers, except where incorporated into integrated services such as Multi-Systemic Therapy, Intensive In-Home, and Community Support Team. It is not a stand-alone service for any disability group under the 1915(b)(c) waivers. The functions of case management are included through other means such as care management and care coordination performed by the LME. However, the 1915 (c) waiver service called Community Guide will be part of the service array for people with I/DD. It includes many activities that the I/DD community has come to value in models of case management that have been available in North Carolina. These activities include:

- Providing information on primary, preventative and other providers
- Assisting in locating and accessing social, educational, natural and community resources that are related to achieving person-centered plan goals
- Assisting in forming and sustaining the relationships that allow a person to experience meaningful community integration and inclusion
- Advocacy and collaboration with other individuals to support the life goals of the person with I/DD
- Supporting the individual and family in preparing, participating in and implementing the person-centered plan

Agencies that currently offer Targeted Case Management (TCM) to people with I/DD will be able to offer this new Community Guide service in place of TCM.

Care Coordination is available through 1915(b)(c) waivers. CMS requires that the LMEs under these waivers provide care coordination to proactively respond to the needs of Special Populations defined in the waiver. Special Populations are groups of individuals that have significant and long-term disabilities, often experience risks to their health and safety, and frequently require ongoing assistance to access needed services, or to stay engaged in services. This designation includes individuals with intellectual and developmental disabilities, serious mental illness, chronic substance abuse conditions, and dual diagnoses. Care coordination is used by the LME-Managed Care Organization to ensure that people receive the services they need. The Care Coordination model for the 1915 (b)(c) waivers is a parallel model to the model used in the Community Care of North Carolina (CCNC) system. There is a very high degree of collaboration between these systems at the local level to integrate primary and long-term services and supports

The goals for this waiver expansion are to improve access to services, improve the quality of services, and to assure that services are provided in the most cost effective way. We look forward to working with the I/DD advocacy and service provider organizations to ensure that implementation of the 1915 (b)(c) waiver meets the long-term support needs of this population.